

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	<b>213516398</b>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: <b>Corinthian Colleges, Inc.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION: <b>DE</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>4/30/2013</b></p> <p>SCC ID NO: <b>F1264979</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 6 HUTTON CENTRE DR SUITE 400</p> <p style="text-align: center;">CITY/ST/ZIP: SANTA ANA, CA 92707-5764</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: EEVA DESHON  TITLE: PRES/HEALD COL.  ADDRESS: 6 HUTTON CENTRE DRIVE  SUITE 400  CITY/ST/ZIP/CO: SANTA ANA, CA 92707 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: EEVA DESHON TITLE: PRES/HEALD COL. ADDRESS: 6 HUTTON CENTRE DRIVE SUITE 400 CITY/ST/ZIP/CO: SANTA ANA, CA 92707	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: EEVA DESHON TITLE: PRES/HEALD COL. ADDRESS: 6 HUTTON CENTRE DRIVE SUITE 400 CITY/ST/ZIP/CO: SANTA ANA, CA 92707	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: KENNETH ORD  TITLE: EXEC VP/CAO  ADDRESS: 6 HUTTON CENTRE DR  SUITE 400  CITY/ST/ZIP/CO: SANTA ANA, CA 92707-5764 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: KENNETH ORD TITLE: EXEC VP/CAO ADDRESS: 6 HUTTON CENTRE DR SUITE 400 CITY/ST/ZIP/CO: SANTA ANA, CA 92707-5764	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: KENNETH ORD TITLE: EXEC VP/CAO ADDRESS: 6 HUTTON CENTRE DR SUITE 400 CITY/ST/ZIP/CO: SANTA ANA, CA 92707-5764	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: STAN A MORTENSEN  TITLE: EVP/GC/CORP SEC  ADDRESS: 6 HUTTON CENTRE DRIVE, #400  CITY/ST/ZIP/CO: SANTA ANA, CA 92707 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: STAN A MORTENSEN TITLE: EVP/GC/CORP SEC ADDRESS: 6 HUTTON CENTRE DRIVE, #400 CITY/ST/ZIP/CO: SANTA ANA, CA 92707	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: STAN A MORTENSEN TITLE: EVP/GC/CORP SEC ADDRESS: 6 HUTTON CENTRE DRIVE, #400 CITY/ST/ZIP/CO: SANTA ANA, CA 92707	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JACK MASSIMINO  TITLE: D/COB/CEO  ADDRESS: 6 HUTTON CENTRE DR  SUITE 400  CITY/ST/ZIP/CO: SANTA ANA, CA 92707 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JACK MASSIMINO TITLE: D/COB/CEO ADDRESS: 6 HUTTON CENTRE DR SUITE 400 CITY/ST/ZIP/CO: SANTA ANA, CA 92707	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JACK MASSIMINO TITLE: D/COB/CEO ADDRESS: 6 HUTTON CENTRE DR SUITE 400 CITY/ST/ZIP/CO: SANTA ANA, CA 92707	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: RUPERT ALTSCHULER  TITLE: DP/EVEREST CAN.  ADDRESS: 6 HUTTON CENTRE DRIVE  SUITE 400  CITY/ST/ZIP/CO: SANTA ANA, CA 92707 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: RUPERT ALTSCHULER TITLE: DP/EVEREST CAN. ADDRESS: 6 HUTTON CENTRE DRIVE SUITE 400 CITY/ST/ZIP/CO: SANTA ANA, CA 92707	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: RUPERT ALTSCHULER TITLE: DP/EVEREST CAN. ADDRESS: 6 HUTTON CENTRE DRIVE SUITE 400 CITY/ST/ZIP/CO: SANTA ANA, CA 92707	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			

NAME:	ROBERT BOSIC	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP, OPERATIONS		
ADDRESS:	6 HUTTON CENTRE DRIVE SUITE 400		
CITY/ST/ZIP/CO:	SANTA ANA, CA 92707		
NAME:	WILLIAM BUCHANAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP/MARKETING		
ADDRESS:	6 HUTTON CENTRE DRIVE SUITE 400		
CITY/ST/ZIP/CO:	SANTA ANA, CA 92707		
NAME:	NICOLE CARNAGEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	DP		
ADDRESS:	6 HUTTON CENTRE DRIVE SUITE 400		
CITY/ST/ZIP/CO:	SANTA ANA, CA 92707		
NAME:	CARMELLA CASSETTA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP & CIO		
ADDRESS:	6 HUTTON CENTRE DRIVE SUITE 400		
CITY/ST/ZIP/CO:	SANTA ANA, CA 92707		
NAME:	ANNA MARIE DUNLAP	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/IR&CC		
ADDRESS:	6 HUTTON CENTRE DRIVE SUITE 400		
CITY/ST/ZIP/CO:	SANTA ANA, CA 92707		
NAME:	MARK FERGUSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	DP		
ADDRESS:	6 HUTTON CENTRE DRIVE SUITE 400		
CITY/ST/ZIP/CO:	SANTA ANA, CA 92707		
NAME:	MELISSA FLORES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	DP/EVEREST FL		
ADDRESS:	6 HUTTON CENTRE DRIVE SUITE 400		
CITY/ST/ZIP/CO:	SANTA ANA, CA 92707		
NAME:	ROBERT C OWEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP & CFO		
ADDRESS:	6 HUTTON CENTRE DRIVE SUITE 400		
CITY/ST/ZIP/CO:	SANTA ANA, CA 92707		
NAME:	MARK PELESH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP/L&RA		
ADDRESS:	6 HUTTON CENTRE DRIVE SUITE 400		
CITY/ST/ZIP/CO:	SANTA ANA, CA 92707		
NAME:	DAVID POLDOIAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CCO		
ADDRESS:	6 HUTTON CENTRE DRIVE SUITE 400		
CITY/ST/ZIP/CO:	SANTA ANA, CA 92707		

NAME:	RICHARD SIMPSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP & C ACA.O		
ADDRESS:	6 HUTTON CENTRE DRIVE SUITE 400		
CITY/ST/ZIP/CO:	SANTA ANA, CA 92707		
NAME:	MICHAEL STIGLICH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	DP		
ADDRESS:	6 HUTTON CENTRE DRIVE SUITE 400		
CITY/ST/ZIP/CO:	SANTA ANA, CA 92707		
NAME:	ROGER VAN DUINEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/MARKETING		
ADDRESS:	6 HUTTON CENTRE DRIVE SUITE 400		
CITY/ST/ZIP/CO:	SANTA ANA, CA 92707		
NAME:	JIM WADE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP, HR		
ADDRESS:	6 HUTTON CENTRE DRIVE SUITE 400		
CITY/ST/ZIP/CO:	SANTA ANA, CA 92707		
NAME:	HANK ADLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6 HUTTON CENTRE DRIVE SUITE 400		
CITY/ST/ZIP/CO:	SANTA ANA, CA 92707		
NAME:	LINDA AREY SKLADANY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6 HUTTON CENTRE DRIVE		
CITY/ST/ZIP/CO:	SANTA ANA, CA 92707		
NAME:	JOHN DIONISIO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6 HUTTON CENTRE DRIVE SUITE 400		
CITY/ST/ZIP/CO:	SANTA ANA, CA 92707		
NAME:	TERRY HARTSHORN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6 HUTTON CENTRE DRIVE SUITE 400		
CITY/ST/ZIP/CO:	SANTA ANA, CA 92707		
NAME:	ALICE KANE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6 HUTTON CENTRE DRIVE SUITE 400		
CITY/ST/ZIP/CO:	SANTA ANA, CA 92707		
NAME:	ROBERT LEE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6 HUTTON CENTRE DRIVE SUITE 400		
CITY/ST/ZIP/CO:	SANTA ANA, CA 92707		

NAME: SHARON P ROBINSON TITLE: DIRECTOR ADDRESS: 6 HUTTON CENTRE DRIVE SUITE 400 CITY/ST/ZIP/CO: SANTA ANA, CA 92707	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PAUL ST PIERRE TITLE: DIRECTOR ADDRESS: 6 HUTTON CENTRE DRIVE SUITE 400 CITY/ST/ZIP/CO: SANTA ANA, CA 92707-5764	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TIM SULLIVAN TITLE: DIRECTOR ADDRESS: 6 HUTTON CENTRE DRIVE SUITE 400 CITY/ST/ZIP/CO: SANTA ANA, CA 92707	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ STAN A MORTENSEN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STAN A MORTENSEN, EVP/GC/CORP SEC PRINTED NAME AND CORPORATE TITLE
4/2/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	